

TABLE OF CONTENTS

- I. [THE PSYCHOLOGY TRAINING PROGRAM - VAIHCS, DANVILLE, IL](#)
 - A. [Rationale](#)
 - B. [The Psychology Staff/The VAIHCS mission](#)
 - C. [Patient Care Functions](#)
 - D. [Training](#)
 - E. [Current Status](#)
 - F. [Supervisory Assignments](#)
- II. [DESCRIPTION OF TRAINING EXPERIENCES](#)
 - A. [Psychological Services](#)
 - B. [Specialized Intramural Training Options](#)
 - [1\) Primary Care Mental Health](#)
 - [2\) Outpatient Mental Health](#)
 - [3\) Neuropsychology](#)
 - [4\) Health Psychology](#)
 - [5\) Psychology of Long-Term Care](#)
 - [6\) Substance Abuse Rehabilitation](#)
 - [7\) Outpatient PTSD](#)
 - [8\) Home Based Primary Care \(HBPC\)](#)
 - [9\) Community Based Outpatient Clinic \(Emphasis on PTSD and TBI\)](#)
 - C. [Specialized Extramural Training Options](#)
- III. [RESEARCH](#)
- IV. [ADDITIONAL TRAINING EXPERIENCES](#)
- V. [BECOMING A VAIHCS INTERN](#)
 - A. [Eligibility for Acceptance](#)
 - B. [Application Procedures](#)

- C. [Effective Date of Appointment](#)
 - VI. [PROGRAM FEATURES:VA ILLIANA HEALTH CARE SYSTEM](#)
 - A. [The Internship](#)
 - B. [Appointment Guidelines](#)
 - C. [Per Annum Method of Payment](#)
 - D. [Benefit Entitlement](#)
 - E. [Intern Responsibility](#)
 - F. [Early Termination](#)
 - VII [THE SETTING](#)
 - A. [The City of Danville](#)
 - B. [Background of the VA Illiana Health Care System](#)
 - C. [Activities & Resources at VA Illiana Health Care System](#)
- [APPENDICES](#)
- [APPENDIX A: PSYCHOLOGY TRAINING STAFF](#)
- [APPENDIX B: PSYCHOLOGY CONSULTANTS](#)
- [APPENDIX C: PSYCHOLOGY TRAINING SCHEDULE 2008/2009](#)
- [APPENDIX D: PROGRAMS OF INTERNS 1980-PRESENT](#)
- [APPENDIX E: PRIMARY SETTING OF FORMER INTERNS' FIRST JOBS 1989-PRESENT](#)

PSYCHOLOGY TRAINING PROGRAM

Veterans Affairs Illiana Health Care System

Danville, IL

I. THE PSYCHOLOGY TRAINING PROGRAM - VAIHCS, DANVILLE, IL

A. Rationale: The Psychology Training Program, which is fully approved by the American Psychological Association for internship training, has the **goal** of assisting interns in the development of the knowledge, skills and techniques necessary to function as professional psychologists. Ours is a **practitioner / scientist** program in that the emphasis is placed upon the various supervised activities an intern might perform. That is, patient care activities, such as assessment and intervention, are typically given a higher priority than more academic pursuits, such as research and teaching. This is not because we devalue the latter; rather, it is because we perceive our site better suited to providing training in patient care functions than university training programs, which seem better suited to providing training in research and teaching. With that bias, we look forward to helping our interns integrate these areas of their training so that each can inform and reinforce the other. The primary method used to achieve this goal is based on the **tutorial-apprenticeship model**. Interns are assigned primary supervisors from members of the Psychology Training Staff and participate directly in the work of their primary supervisor. While it is possible to sketch the general character of the intern's involvement, the exact nature of the experience depends upon the intern-supervisor mix, for we try to individualize training as much as possible and use our resources to meet unique needs. Our tutorial-apprenticeship model is supplemented by a series of seminars, teleconferences, and consultant contacts. In achieving individualized training **objectives**, our program requires that each intern demonstrate an intermediate to advanced level of professional psychological skills, abilities, proficiencies, competencies and knowledge in the areas of: a) theories/methods of assessment/ diagnosis and effective treatments/interventions; b) theories/ methods of consultation, evaluation, and supervision; c) strategies of scholarly inquiry; and d) issues of cultural/individual diversity relevant to the above.

B. The Psychology Staff enthusiastically supports **The VAIHCS mission** to honor America's veterans by providing exceptional healthcare that improves their health and well being. The Psychology Staff is comprised of 23 doctoral-level psychologists, as well as a number of psychology technicians, interns, and practicum students. The services of several consultants from the private sector and faculties of universities in the area augment the regular staff of 30. Occasionally the services of volunteers are utilized for specific purposes.

The Supervisory Psychologist is responsible to the VAIHCS Mental Health Service Chief and then to the Chief of Staff. The Supervisory Psychologist organizes and uses the talents of staff members, interns, and consultants to produce the optimum balance in Psychology's **basic functions** of patient care

services, training, and research. The Supervisory Psychologist coordinates patient care services and research duties directly, appointing one staff member to coordinate training duties. Because Psychology works closely with other services and units, the Supervisory Psychologist also maintains close and harmonious relationships with Service Chiefs in order to facilitate the efforts of staff members.

C. Patient Care Functions: Most staff members are assigned primarily to specific units of the medical center where they provide a full range of psychological services to patients. Consultative service is provided to units that do not have a regularly assigned psychologist. Patient care functions encompass all the empirically accepted psychological diagnostic and treatment procedures. Diagnostic activities include the operations of information gathering that lead to a better understanding of the patient. Reviews of records, interviews of patients and significant others, psychological testing, observational data, and reports of personnel are typical sources of such information. Treatment activities promote independent functioning and include individual psychotherapy and group psychotherapy as well as such special modes as the following:

Anger Management	Hypnosis
Anxiety Management	Marital Therapy
Assertion Training	Motivational Interviewing
Biofeedback	Neuropsychology
Brief Psychotherapy	Pain Management
Cognitive Processing Therapy	Patient Education
Compensation & Pension Evaluations	Problem Solving Skills Training
Contingency Management	Prolonged Exposure Therapy
Crisis Management	Rational Emotive Behavior Therapy
Depression Management	Relapse Prevention
Detraumatization Techniques	Relaxation Training
Developmental Stage Therapy	Seeking Safety Treatment
Diabetic Group Counseling	Smoking Cessation
EMDR	Social Skills Training
Family Therapy	Stress Management

Psychological services are provided directly to eligible inpatients and outpatients, including families and other collaterals when appropriate.

D. Training: Training functions are directed toward the education and training of graduate students who are candidates for doctorates in clinical or counseling psychology. The training orientation is student-centered rather than technique-centered, with focus on work experience which parallels that of staff psychologists and is supplemented by directed readings, lectures and seminars, as well as individual and group supervisory sessions. This component is more completely described in section II.

Staff members are also actively improving their skills and keep abreast of new developments in psychology by reading; attending lectures and seminars, teleconferences, educational details, university colloquia and workshops; and conferring with consultants. Staff members are also active in the training of members of other disciplines, both informally through consultation and formally through seminars, classes and workshops. Several staff members have faculty appointments with area universities: University of Illinois, Indiana State University, and Purdue University.

E. Current Status: Timely details on our training staff members such as qualifications, interests, responsibilities and the type of patient most typically served by different staff members are provided in Appendix A. A list of current consultants appears in Appendix B.

F. Supervisory Assignments: As part of the orientation process, new interns spend time with individual members of the Psychology Training Staff during their first to second week of duty. The intent is to provide supervisors and interns with the opportunity to become directly acquainted with each other's background, skills, interests, resources and goals, as well as providing new interns with an overview of the range of psychological activities within our health care system. At the end of the orientation period, the Training Coordinator, in consultation with the training staff, finalizes initial intern assignments, taking into account staff resources along with intern needs and interests. The Training Committee reviews these assignments, so they may be changed; however, supervisory assignments are usually decided during the second week of the new interns' tours of duty.

Whatever the assignment, supervisors are charged with developing an awareness of the special abilities and interests of the individual intern and to provide the support and time for the development of those interests and skills.

Interns will be supervised by more than one member of the training staff. The number and character of the supervisory rotations depends upon the background, needs, skills and goals of the individual intern. Therefore, the

exact nature of these arrangements cannot be specified beforehand. A general guideline followed in making such arrangements is to provide the individual intern with the training and experience necessary to round out or complete the skills necessary for professional level functioning. This is generally accomplished through three, four-month sequential placements in the specialized intramural training programs described in the next section. One secondary placement of up to one day a week that runs concurrently with the primary placements can also be arranged. It may be important to note that this program long ago adopted a “gaps before goals” model of training, and in-depth exposure to psychopathology is considered a prerequisite to more specialized training. Our philosophy is that without exposure to the many manifestations of psychopathology, a psychologist is woefully unprepared to function in any clinical setting. Consequently, assignment to Primary Care Mental Health as a rotation is almost routine to ensure that comprehensive generalist training is achieved unless an intern has had prior inpatient supervised experience that is equivalent.

II. DESCRIPTION OF TRAINING EXPERIENCES

A. Psychological Services: An intern has the opportunity to gain valuable experience and training through the supervised rendering of psychological services to a wide variety of patients, including psychiatric, medical, surgical, geriatric and neurological on both an inpatient and outpatient basis. These activities are performed under the direct supervision of the doctoral-level psychologists to whom the intern is assigned. While it is possible to present a broad outline of available experiences, the exact details depend upon intern needs and available resources. The training experiences may include (but are not limited to): psychological evaluations, report writing, individual psychotherapy, treatment planning, group psychotherapy, educational and vocational counseling, case presentations, participation in staff meetings, supervision of lower-level trainees, use of audio and videotaping as an adjunct to psychotherapy, automated test administration, assertion training, social skills training, relaxation training, biofeedback, stress management, family therapy, contingency management, neuropsychological assessment, program development, hypnotherapy, program administration and staff consultation (the latter two experiences are confined to the consultative and administrative skills expected of a staff psychologist).

B. Specialized Intramural Training Options: Usually an intern has three primary placements within the facility that last for four months and run sequentially. These primary placements involve a number of training options. These options typically involve, but are not limited to those that are listed below. In reviewing them, it should be kept in mind that these experiences have been constructed out of active patient care programs.

1) Primary Care Mental Health: Psychologists in primary care mental health function as independent members of interdisciplinary treatment

teams that include psychologists, psychiatrists, social workers, nurses, and auxiliary therapists from specialized services. Interns, as interdisciplinary team members, develop the skills to make contributions to their patients' individualized treatment plans, as well as take responsibility for providing the psychodiagnostic, psychotherapeutic and case management services necessary for their discharge and maintenance in the community.

2) Outpatient Mental Health: In this placement, an intern becomes a full-time member of the Mental Health Clinic which, as part of an extensive program of outpatient services, provides a full range of services for veterans who can be treated on an outpatient basis. Psychological services include individual, group, marital and family psychotherapy. A key part of the program involves coordination with appropriate community/VA services. (This option may not be available due to the organizational shift to a primary care model.)

3) Neuropsychology: Using a flexible battery approach, individual evaluations of psychological functions affected by brain damage are provided with remediation planning and follow-up services to veterans and their families. Interns learn to administer and score many standard neuropsychological tests, to design individual test batteries, and to write interpretive reports. Resources in the area are extensive enough to support two training options: an introductory experience emphasizing assessment issues to help interns develop the skills necessary to recognize brain syndromes as well as make intelligent use of neuropsychological resources, and an advanced experience which combines training in assessment with training in intervention and case management. Previous coursework and practica in assessment are needed. The neuropsychology-advanced experience is designed to provide clinical experiences consistent with INS/Division 40 guidelines for internship.

4) Health Psychology: Focusing primarily on medical or surgical patients, interns in this placement learn to rapidly assess and develop interventions for the psychological components of various disorders, using such modalities as individual, group, marital and family psychotherapy, biofeedback, pain/stress management, hypnosis, and relaxation training. Developing the skills to coordinate psychological interventions with medical treatment and family resources is a major focus.

5) Psychology of Long-Term Care: Difficult to characterize, this rotation is located within the Extended Care Service and covers an extremely diverse group of patients. The population served ranges in age from the fifties through nineties and the clinical needs vary widely. The intern can expect exposure to a spectrum ranging from persons whose stay is fairly brief (e.g., four-to-six weeks for IV antibiotics with return to independent living) to persons who either by virtue of neurocognitive impairment or physical

limitations (e.g., stroke or amputation) will transition to placement in community nursing facilities or state veterans' homes.

6) Substance Abuse Rehabilitation: Focusing on alcohol and other drug dependencies, this program bases its treatment on Rational Emotive Therapy and features individualized modules involving lectures, group discussions, relaxation, social skills, assertion and relapse prevention training. In this placement, an intern can anticipate experience in assessment, treatment and follow-up activities.

7) Outpatient PTSD: In the Outpatient PTSD Clinic, interns will learn to evaluate referrals to the clinic using interviewing and psychodiagnostic skills. Interns become full-time members of the PTSD Clinical Team (PCT) accruing a caseload and providing a full range of services to veterans and their families on an outpatient basis. Treatment modalities in the PTSD Clinic include individual, group, marital, and family therapy. Providing PTSD education to veterans and their families is also an important component of treatment. In addition, interns have the opportunity to strengthen skills with particular techniques for relaxation, stress management, etc., by developing and facilitating special focus groups. An important training goal for interns will be the ability to acquire and implement a conceptual model for understanding and treating trauma that effectively addresses the biological, psychological, affective, and spiritual injuries sustained from exposure to trauma. Special emphasis is given to exposure therapy techniques, primarily Prolonged Exposure (PE) Therapy and Cognitive Processing Therapy (CPT). Some PTSD clinical staff have been trained in PE by Edna Foa, Ph.D. and Elizabeth Hembree, Ph.D. Interns will have the option to participate in the specialized assessment and treatment of dually-diagnosed veterans suffering from PTSD and substance use disorders. The PTSD/SUD specialty area utilizes a multi-disciplinary treatment collaboration between PTSD and SARP, with a focus on safe coping skills and relapse prevention. Interns from a Christian background can also request training in Theophostic Prayer. The PTSD clinic utilizes a team approach to training and interns will be provided the opportunity to gain experience with each staff member, as well as attend specialized, interdisciplinary meetings to address issues such as: care for polytrauma victims and the seamless transition of veteran's care from active duty to the civilian sector.

8) Home Based Primary Care (HBPC): This rotation is located within the Home Based Primary Care program providing psychological services to Veterans who are essentially home bound due to medical conditions. At Illiana, the population served ranges in age from the fifties through end of life, primarily within rural settings. The clinical needs vary greatly with a predominance of adjustment, anxiety disorders, mood disorders, and cognitive disorders. The intern is expected to function within a multidisciplinary team and can expect close interaction with the members of the HBPC team. Working with the HBPC Psychologist, the intern will

conduct brief psychological evaluations for mood, cognition, and adjustment, more comprehensive assessments when indicated, and may develop a small therapy caseload. Working with our team and within the Veterans' homes is very rewarding, clinically challenging, and an experience unlike office-based clinical practice.

9) Community Based Outpatient Clinic (Emphasis on PTSD and TBI): In the Community Based Outpatient Clinic in West Lafayette, IN, interns will have the opportunity to hone clinical skills in a smaller, more intimate setting. In general, the intern will hone his or her case conceptualization and clinical skills while assisting veterans from across the life span. Veterans present with mental health difficulties ranging from adjustment disorders to severe post-traumatic stress and traumatic brain injury. Interns will be able to offer individual, conjoint, family and group therapy for our veterans using many treatment modalities including biofeedback, cognitive screening(s), and well formulated case conceptualizations that will serve to both understand trauma and bring about healing. Considered to be a life changing and professional identity development placement, successful interns will be able to identify specific changes in both their professional and personal lives.

C. Specialized Extramural Training Options: Arrangements can be made for secondary placements which run concurrently with an intern's primary placements. These options can be outside the facility and can be anywhere the interns' interests take them. The only requirements are:

- 1) The outside placement provides training experiences substantially different from those that can be provided within the facility.
- 2) Licensed doctoral-level psychologists who have been trained at APA-accredited institutions and who will provide the facility with an evaluation of intern activities will supervise interns.
- 3) These placements are coordinated through the intern's university Training Director and the Psychology Training Program's Training Coordinator.

Examples of past extramural placements include:

Applied Psychological Services of Lima, OH; The Arnett Clinic in Lafayette, IN; The Center for Adolescent Development/USMC in Danville, IL; The Center for Children's Services in Danville, IL; The Center for Outpatient Psychotherapy of the United Samaritan's Medical Center in Danville, IL; Coles County Mental Health Center; The Comprehensive Community Mental Health Center in Vincennes, IN; Covenant Medical Center in Champaign, IL; Crosspoint Human Services Center in Danville, IL; Danville Correctional Center; The Danville Crisis-Outreach Program; The Gordon Community Mental Health Center in

DeKalb, IL; Hamilton Center in Terre Haute, IN; The Indianapolis Heart Institute The Pain Center at Community Hospital in Indianapolis, IN; Psychological Services Center in Champaign, IL; The Psychology Clinic at the University of Illinois in Urbana, IL; The Vermilion Mental Health & Developmental Center in Danville, IL; The Vermilion County Rehabilitation Center for the Handicapped in Danville, IL; The Wabash Valley Hospital/Mental Health Clinic for the Mentally Retarded and Developmentally Disabled

It should be noted that an intern may elect an **intramural** option or an **extramural** placement for their **secondary** experience. The consequent mix of training opportunities is rich and permits much individual tailoring of training plans.

III. RESEARCH

Each year, several interns successfully complete their dissertation within their internship. Interns may be allowed 250 hours for their own dissertation research. The same allowances are available to interns who are candidates for the Doctor of Psychology degree and need time to spend on their research paper and interns who have completed their doctoral research requirements and who desire to pursue additional research. Interns must be on the grounds of the facility while doing research.

The Medical Center maintains a well-stocked library for staff and students to aid in training, therapy and research. In addition to books and periodicals, the library has extensive audiovisual resources and provides access to PsychiatryOnline. Employing a computer-assisted search and loan system, staff and students have direct access to any published work through the VA Library system, the University of Illinois Library system, and the Library of Congress.

Interns who perform research studies using VAIHCS patients, staff, or records must first have their project approved by the Medical Center's Research and Development Committee and should not consider such approval pro forma. Interns with research projects approved by our R&D committee can expect the same support as Psychology staff members. This includes access to computer facilities available for data analysis, word processing, and to consultants.

IV. ADDITIONAL TRAINING EXPERIENCES

The training experience obtained through the supervised provision of psychological services and participation in research activities is augmented by regularly scheduled seminars. Topics are selected on the basis of the needs of interns, staff, and trainees. Every effort is made to focus on areas of special interest. Members of the psychology staff, consultants, and other hospital personnel conduct the seminars. They cover a number of areas, such as use and interpretation of major psychodiagnostic techniques, innovative psychotherapeutic approaches, psychoactive agents, psychopathology, ethical

and professional issues, issues of individual/cultural diversity, and reports on active research studies. The specific areas vary from year to year as the needs and interests of the interns/trainees and staff change. Occasionally outside experts make special presentations on topics of particular interest.

In addition to regularly scheduled seminars, study groups may be organized on a periodic or annual basis. The study group format allows deeper penetration into areas of particular interest so study group participants, as a rule, are expected to be more actively involved than seminar participants. The participation can be experiential as well as didactic. Study groups in the Rorschach, Hypnosis, and Eye-Movement Desensitization Reprocessing were active in previous years. Again, topics for study groups vary from year to year as interests and needs shift.

While the seminars and study groups sometimes involve the use of case material, formal case presentations are scheduled periodically. Illustrative of particular problems/techniques or arranged for consultation on difficult problems, the case presentations involve thorough preparations of background information, assessment data and therapy response. The presentations may involve members of other disciplines depending upon the nature of the case and the presentation's purpose. Psychology consultants and consultants to other disciplines may also be involved.

Psychology staff and interns are periodically invited to the training experiences organized by other disciplines, the entire facility, or outside agencies. The experience could be a lecture, workshop or visit to another agency. Sometimes they involve presenters with nationwide reputations. Presentations worthy of note to psychologists have included Albert Ellis on Rational-Emotive Therapy, Edwin S. Schneidman on Suicide, Carl Whittaker on Family Therapy, Gordon Paul on Treatment Approaches for Chronic Patients, Madeline Kuhn on Aging, Domeena Renshaw on Sexuality, Francine Shapiro on Eye Movement Desensitization and Reprocessing, Yossef Ben-Porath on MMPI-2, Elisabeth Kubler-Ross on Death and Dying, and Nadya Fouad on Multicultural Competency Guidelines. Interns may receive leave to attend special training opportunities at other sites. Psychology maintains a selected file of educational tapes (audio and video), important reprints and useful books for staff members and interns. Psychology staff and interns also have access to the facility's professional library whose collection of tapes, journals, and books is extensive. During the 1999/2000-intern year, our library purchased the Psychology Licensing Exam Review Program to assist interns' preparation for licensure. The association of our library with the libraries of universities and other Medical Centers permits the acquisition of materials on any topics that are not included in the facility's collection. Computerized bibliographic searches are also available through our Medical Center Library.

V. BECOMING A VAIHCS INTERN

A. Eligibility for Acceptance: Any graduate student who (1) is an American citizen, (2) is a candidate in good standing for a doctorate in a clinical or counseling psychology program approved by the American Psychological Association, and (3) will fulfill educational requirements or expectations through participation in a VA Training Program is eligible for acceptance. Prior practicum experience is also required (minimum of 300 Intervention and Assessment Hours and 1000 Grand Total Practicum Hours).

B. Application Procedures: Applicants are required to complete:

1. AAPI Online, which may be accessed at www.appic.org, click on "AAPI Online." The AAPI Online should include the following:
2. Cover letter
3. Vita
4. Three letters of recommendation, at least two of which are from clinical/counseling supervisors.
5. **Official** transcript(s) of all graduate courses
6. Declaration for Federal Employment (OF 306) (supplementary)
7. Department of Veterans Affairs Illiana Health Care System Psychology Training Background/Goals Statement (supplementary)

Be sure to upload the supplemental documents before submitting your application to us, as it is not possible to include any additional information after your application is submitted. The two supplemental documents that can be downloaded from our website
http://www.danville.va.gov/careers/psychology_training_program.asp

ATTACHMENTS: Supplementary documents are to be scanned and uploaded to the APPIC web application in a SINGLE FILE. To assure our ability to view these documents, make a SINGLE PDF FILE containing the Declaration for Federal Employment (OF 306) and Background/Goals Statement.

All application materials should be sent via the AAPI Online portal by **November 15**. If you have any questions regarding our training program please contact Dr. Tressa Crook at (217) 554-5193 or by email at tressa.crook@va.gov.

We will invite top applicants to attend a half-day on-site interview. If an on-site interview is not possible, arrangements may be made for a telephone interview. Selections are made on the basis of a match between our

resources and the applicant's qualifications and training needs. The Association of Psychology Postdoctoral and Internship Centers (APPIC) Match Policies are followed in intern recruitment. We offer all of our internship positions through the APPIC Match program and adhere to the APPIC Match Policies. All applicants must be registered with National Matching Services, Inc. NMS Applicant Agreement packages can be obtained at www.natmatch.com/psychint. Our Program Code with NMS is 126911. A review of these guidelines may be found on the APPIC website <http://www.appic.org>. This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept or use any ranking-related information from any intern applicant.

C. Effective Date of Appointment: Internships at the VA Illiana Health Care System begin on the first Monday in August. The effective date of appointment is the date the intern's pay begins. Appointments of paid interns are made on a temporary, full-time basis, not to exceed three years.

VI. PROGRAM FEATURES/VA ILLIANA HEALTH CARE SYSTEM

A. The Internship: The VA Illiana Health Care System training program is fully approved by the American Psychological Association (750 First Street NE, Washington, DC 20002-4242; 202-336-5979). The internship appointment is for one year (2080 hours), of which up to 346 hours may be spent in a special program placement outside the VA. Two hundred fifty hours are available for dissertation research and 288 hours for holidays, vacations and sick leave. Interns can expect experience with more than one supervisor. The training design emphasizes preparing interns for independent professional functioning as a general practitioner while augmenting special skills. The program has been more completely described in a prior section.

B. Appointment Guidelines: Students considering an internship at VAIHCS must meet the criteria previously described (see paragraph V. A). In addition, consideration is given to the quality and quantity of past academic and clinical experience. Internship candidates should have acquired supervised experience in assessment and therapy through practicum placement. Their graduate course work should also be of sufficient breadth and depth in clinical and counseling activities to provide reasonable preparation for their work within this facility. All appointments are for a continuous period of 365 days. Interns may expect to be on duty during the regular workweek from 8:00 a.m. to 4:30 p.m. After training has started, it cannot be interrupted for more than two consecutive weeks during the internship year except in cases of emergency.

C. Per Annum Method of Payment: All employees, including Interns are required to participate in the DD/EFT (Direct Deposit of Net Salary Check to a Financial Institution) program. The rate of basic pay is \$11.01 per hour based on a per annum rate of \$22,898. Interns are not entitled to overtime pay or compensatory time for hours worked in excess of 8 hours in a day or 40 hours

in a week. The maximum number of training hours allocated is 2080, including annual leave and excused holidays. Interns are encouraged to utilize their annual leave as it accrues, so that lump-sum annual leave payments are not required. No funds are provided by the Office of Academic Affairs to cover lump-sum annual leave payments; therefore, it is important to schedule as much annual leave as practical prior to termination.

D. Benefit Entitlement: Paid interns are entitled to the annual and sick leave benefits provided under 5 U.S.C., Chapter 63 (Absence and Leave). Leave arrangements must be approved for Interns by the responsible Supervisor in consideration of their schedule at the Department of Veterans Affairs Medical Center. All interns are covered by the injury compensation provisions of 5 U.S.C., Chapter 81 (Injury Compensation) which covers compensation and other rights and benefits for injury or work-related illness incurred in the performance of their duties. Outpatient emergency medical and dental care may be furnished to students without charge during a scheduled training assignment. Interns are also eligible to participate in the Federal group life and health insurance programs.

E. Intern Responsibility: Interns have the primary responsibility for seeing that they fulfill training requirements. In the exceptional and rare instances in which an intern does not secure the required number of supervised training hours of experience during a given pay period, he/she is required to make up these hours without receiving compensation (WOC).

F. Early Termination: If a participating school officially notifies the training facility that an intern is no longer a candidate for a doctorate in the area of his/her specialty, the intern may be terminated from the VA Psychology Training Program two weeks after notice is received. Also, the intern may be terminated or placed on probation if this Program determines that the intern is not progressing satisfactorily in his/her VA training assignment. Termination should occur no earlier than two weeks following the decision to terminate. The intern will receive no further compensation beyond the hours worked prior to his/her termination from the Program. Interns may elect to terminate prior to the end of the internship for personal reasons. Elective termination is effected by appropriate notice to the Training Coordinator and approval of the Supervisory Psychologist.

VII. THE SETTING

A. The City of Danville: Danville is located in a rich farming area of East Central Illinois, one mile west of the Indiana State line, 132 miles south of Chicago, 90 miles northwest of Indianapolis, and 198 miles northeast of St. Louis. The main campus of the University of Illinois is 30 miles west in Urbana-Champaign; the main campus of Purdue University is 56 miles northeast in West Lafayette; and Indiana State University is 57 miles south in Terre Haute.

An excellent network of highways facilitates transportation. The city is on Interstate 74, US 136 and 150, and State Route 1.

Danville is a diversified, industrial city with a population of approximately 33,904, the major retail center in a county with a population of about 83,919. The racial makeup of the city is approximately 85.8% white, 10.6% black, and 3.6% other races.

Families in Danville can choose from a variety of schools for their children ranging from public schools to parochial schools of Baptist, Catholic and Lutheran faiths. The Danville Area Community College offers about 1500 courses to approximately 5000 students on its 75-acre campus immediately adjacent to the Danville VAMC.

Danville is proud of its community symphony, theater, light opera guild, choral societies, art league, and baseball and hockey teams. A civic center hosts performances by performers with national reputations. Other cultural opportunities of the highest caliber abound within easy driving distance of Danville: Indianapolis, Chicago, and St. Louis. All have major symphonies, art museums, theaters, opera and dance companies, as well as professional football, basketball and baseball teams. The Krannert Center for Performing Arts at the University of Illinois in Urbana and the Assembly Hall at the University of Illinois in Champaign provide the settings for performances by a variety of companies of international caliber. Big Ten sports of all kinds are available at the University of Illinois.

The city of Danville maintains 8 parks and recreation areas. Three county parks and a state recreation area provide campgrounds, picnic sites, fishponds, hiking trails, scenic views and other attractions for the entire east-central Illinois area.

As there is an ample supply of rental units, including 5,046 apartment units in 3,545 structures, interns and trainees from distant points have had little difficulty finding housing. Rents vary a great deal but the last available typical rental rates were \$400-430 for studio units, \$460-545 for one-bedroom units and \$570-760 for two bedroom units. Rates are usually cheaper for comparable units in surrounding areas. Students from the University of Illinois, Indiana State University and Purdue University are within commuting distance and usually form car pools to make the 35 to 40 minute trip from Urbana-Champaign or the 60 to 65 minute trip from West Lafayette or Terre Haute.

B. Background of the VA Illiana Health Care System: The VA Illiana Health Care System is privileged to provide primary, secondary, medical and surgical care, acute psychiatric care, extended long-term care and skilled nursing home care, including Rehabilitation, Alzheimer's and Palliative Care to the men and women who have so proudly served our nation. The main facility located in Danville Illinois, with its community-based outpatient clinics in Charleston,

Decatur, Peoria, and Springfield Illinois and West Lafayette Indiana, serves nearly 150,000 veterans in 73 counties in Illinois and 27 counties in Indiana. In FY 2007, the medical center and its outpatient clinics treated 31,577 unique patients with 197,979 accumulated outpatient visits and 334,756 clinic stops. Of the 79 operating beds, 29 are available for psychiatry, 46 for acute medicine, and 4 for surgery. There is a separate 191-bed Nursing Home Care Unit.

In the early history of the Danville facility, the word "home" featured significantly. After the Civil War, the United States government decided that some type of "home" or "hospital" should be established for disabled veterans of the Union Army. On March 3, 1865, an act of Congress furthered this idea with the establishment of a "Military and Naval Asylum for Disabled Volunteer Soldiers." A later Act of Congress changed the name from "asylum" to "home" and the organization became known as the "National Home for Disabled Volunteer Soldiers." The Danville "home," one of several constructed under this act, was opened in 1898. The first "member" was admitted October 13 of that year, with a total of 31 admitted by December 31. At one time during the "home" days, the "membership" reached approximately 4,000.

Although the resident population of the facility has decreased appreciably since its "home" days, its services and physical plant have expanded and improved remarkably. During 1933 and 1934, steps were taken to convert the "home" into a neuropsychiatric hospital and on March 1, 1935, the facility was opened as a Veterans Administration Hospital. Major modernization and construction has been underway since that time. As the older buildings were vacated, they were made available to the Danville Area Community College, which has developed a fine campus adjacent to the VA facility. Since 1968, the hospital has developed a full range of medical and surgical services with some of the most modern technology in the United States. The change in name to "VA Illiana Health Care System" occurred in 2001.

The 215-acre Medical Center grounds are beautifully landscaped with wooded areas, spacious lawns, a golf course, tennis courts, ball diamonds, and gardens. The nearly 3.6 miles of improved roads and 2.8 miles of concrete walks make all parts of the park-like grounds accessible to patients, staff and visitors. We also have an extensive library, a modern canteen/cafeteria, an attractive chapel, professional bowling alleys and an indoor therapeutic pool.

C. Activities & Resources: With facilities for practically all approved diagnostic and therapeutic procedures, the regular staff of 1214 employees in Danville constitutes complete health care teams of physicians, nurses, psychologists, dentists, social workers and specialized therapists. 23 consultants in 8 specialties from area universities, medical centers, and clinics augment the regular staff. 859 volunteers who last year contributed 41,557 hours to over 30 different services also assist the staff. Last year we performed approximately one million laboratory tests, dispensed 679,576 prescriptions and served approximately 285,323 meals.

The VAIHCS also places considerable emphasis on the education and training of its employees, both professional and administrative, through workshops and seminars here and at other sites. Professional training is not only provided to psychology students but also to students of the following specialty areas: audiology and speech pathology, dietetics, medicine, nursing, occupational therapy, optometry, recreation/ music therapy and social work.

Medical Media provides a rich resource of training aids. Photography, Illustration, Computer Imaging, Audiovisual and the Closed Circuit TV/Satellite Programs are the major components of Medical Media. Equipment available are VCR's, slide projectors, overhead projectors and computer projection systems (e.g., PowerPoint presentations).

A P P E N D I C E S

- A Psychology Training Staff**
- B Psychology Consultants**
- C Psychology Training Schedule 2008/2009**
- D Programs of Interns 1980-Present**
- E Primary Setting of Former Interns' First Jobs 1989-Present**

APPENDIX A

PSYCHOLOGY TRAINING STAFF

DR. D. SHEREEN ARULPRAGASAM

Michigan State University, Counseling, 1986

Clinical Interests: Treating Trauma Survivors, Chronic Pain, Depression/Anxiety, Family Therapy, Neuropsychology

Research Interests: Memory, Emotional Processing, Sleep

Current Population: Outpatient PTSD, with emphasis on combat-exposed veterans and survivors of childhood abuse and adult sexual trauma. Population includes Vietnam, Persian Gulf War, and OIF Veterans

License/Certification: Illinois

Academic Affiliation: University of Illinois School of Medicine, Adjunct Clinical Instructor

APA Membership: Yes

DR. MARK L. BLODGETT

Florida Institute of Technology, Clinical, 1986

Clinical Interests: Inpatient Group Psychotherapy, Cognitive and Behavioral Interventions, Stress Management, Biofeedback, Detraumatization Techniques, Crisis Intervention, EMDR, PTSD, Substance Abuse

Research Interests: Negative Effects of Positive Reinforcement, Learned Helplessness, MMPI-2, Psychopharmacology

Current Population: Primary Care Psychiatry

License/Certification: Illinois

Academic Affiliation: University of Illinois School of Medicine, Adjunct Clinical Instructor

APA Membership: No

DR. AMBER CADICK

Indiana State University, Counseling, 2006

Clinical interests: OIF/OEF Veterans, treating trauma survivors, health psychology, chronic pain, traumatic brain injury, death and dying

Research Interests: The impact of chronic illness/injury on family functioning

Current Population: Outpatient PTSD, with emphasis on combat-exposed veterans and survivors of sexual trauma. Population includes WWII, Korean, Vietnam, Persian Gulf War, and OIF Veterans.

APA Membership: No

DR. MICHAEL CLAYTON

Kent State University, Clinical, 1980

Clinical Interests: Psychodiagnostics, Brief Psychotherapeutic Interventions, EMDR

Research Interests: Theory and Application of Objective Personality Assessment, Psychotherapy Outcome

Current Population: Primary Care Psychiatry with emphasis on combat-exposed veterans and SMI

License/Certification: Illinois

APA Membership: No

DR. MICHAEL COURTER

Northwestern University, Counseling, 1999

Veteran, United States Air Force, 75th Medical Group, Hill AFB

Clinical Interests: Treating childhood abuse, combat, sexual assault survivors, assessment of trauma and treatment planning, military psychology, cognitive psychology

Research Interests: The integration of religious faith and psychotherapy, the role of spirituality in recovery from trauma, psychodiagnostics related to PTSD

Current Population: Outpatient PTSD, with emphasis on combat-exposed veterans and survivors of childhood abuse and adult sexual trauma. Population includes WWII, Korean, Vietnam, Persian Gulf War, and OIF Veterans

License/Certification: Illinois

APA Membership: No

DR. TRESSA H. CROOK

Florida Institute of Technology, Clinical, 1985

Clinical Interests: Training and Supervision; Sexual Abuse and Combat-related PTSD; Child, Adolescent and Family Therapy; Couples Therapy; Social Reinforcement of Unconscious Processes; Substance Abuse Treatment; Guided Imagery

Research Interests: Negative Effects of Positive Reinforcement, Posttraumatic Stress Disorder, Eye Movement Desensitization and Reprocessing

Current Population: Outpatient Adults with Acute and Chronic Psychiatric Problems and Training Coordinator for Psychology Training Program

License/Certification: Illinois

Academic Affiliation: University of Illinois, Department of Educational Psychology, Adjunct Clinical Associate Professor; Purdue University, Adjunct Professor of Psychological Sciences

APA Membership: Yes

DR. JEFFREY B. DEBORD

University of Kansas, Counseling, 1991

Clinical Interests: Cognitive-Behavioral Therapy, Brief Therapy

Research Interests: Efficacy of Substance Abuse Treatment

Current Population: Substance Abuse

License/Certification: Illinois

APA Membership: No

DR. JAMES H. FALK

Purdue University, Clinical, 1980

Clinical Interests: Cognitive-Behavioral Therapy, Paradoxical Techniques in Psychotherapy, PTSD

Research Interests: Personality Disorders, Forensics

Current Population: Psychiatric Patients with a Full Range of Disorders

License/Certification: Illinois

APA Membership: No

DR. JULIE FITZGERALD SMITH

University of North Dakota, Clinical, 2003

Clinical Interests: Neuropsychological Assessment, Diagnosis and Treatment Planning, Geriatrics, Dementia, Movement Disorders, Epilepsy, TBI, Sports Concussions.

Research Interests: Dementia, Multiple Sclerosis, Movement Disorders (particularly Parkinson's Disease), OIF/OEF TBI effects, and Factors affecting Neuropsychological performance.

Current Population: Ambulatory Care and Hospitalized Veterans whose Adjustment is Compromised by Neurological Disorders, Brain Trauma, Aging, Chronic Medical Problems and Chronic Psychiatric Difficulties. I also see the majority of returning OIF/OEF veterans for neuropsychological evaluation.

License/Certification: Michigan

APA Membership: Yes

DR. STANLEY G. HOGSETT

University of Northern Colorado, Counseling, 1972; ABPP, Clinical, 1980

Clinical Interests: Hypnosis, Relaxation Therapy, Stress Management, Couples Counseling, PTSD, Biofeedback, Sexual Counseling

Research Interests: Locus of Control

Current Population: Outpatients

License/Certification: Illinois, Indiana

Academic Affiliation: University of Illinois College of Medicine, Clinical Instructor

APA Membership: Yes

DR. STEPHANIE L. HOLT-DEHNER (Peoria Outpatient Clinic)

Ball State University, Counseling Psychology, 2007

Clinical Interests: Rehabilitation Psychology, Health Psychology, Solution-Focused Therapy, Assessment

Research Interests: Coping with illness, Promoting advocacy within individuals with disabilities, Effects of disability on family members, Outcome measures of psychotherapy

Current Population: Outpatient Veterans

License/Certification: Illinois license and Certified Rehabilitation Counselor - Commission on Rehabilitation Counselor Certification (CRCC)

APA Membership: Yes

DR. JUDITH L. JUHALA

University of North Dakota: Ph.D., Counseling and Guidance, 1980

Hamline University of Law School of Law: J.D. , 1985

Indiana State University: Ph.D., Counseling Psychology, 1994

Clinical Interests: Outpatient therapy, marriage and family therapy, couples counseling

Research Interests: Mediation, Ethics in supervisory relationships, Sex-role stereotyping and career development

Current Population: Outpatient, veterans, within an ambulatory care setting

Licenses: Indiana

APA membership: No

DR. JOANNE KING

Indiana State University, Counseling Ph.D., 1993

Clinical interests: Assessment and treatment of co-occurring PTSD and substance use disorders in trauma survivors, OEF/OIF veterans, relationship therapy, military psychology

Research Interests: The impact of early intervention and non-traditional treatment modalities in decreasing symptoms of PTSD and substance use disorders after combat exposure

Current Population: Outpatient PTSD, with an emphasis on combat-exposed veterans and survivors of sexual trauma who have concurrent substance use disorders. Population includes: OEF/OIF, Persian Gulf War, and Vietnam veterans.

License/Certification: Indiana

APA membership: No

DR. JAMES L. MASON

Indiana State University, Counseling Psychology 1988

Clinical Interests: Cognitive behavior therapy / dialectical behavior therapy

Research Interests: Anxiety management, forensic psychology (civil and criminal)

Current Population: Home Based Primary Care

License/Certification: Illinois

APA Membership: Yes

DR. STEVEN J. O'CONNELL

University of Southern Mississippi, Counseling, 1983

Clinical Interests: Health Psychology, Gerontology, Cognitive-Behavioral Therapy, Biofeedback

Research Interests: Health and Social Supports, Pain Management

Current Population: Acute/Chronic Medical Inpatients; Outpatient Veterans

License/Certification: Illinois

Academic Affiliations: University of Illinois College of Medicine, Clinical Instructor

APA Membership: Yes

DR. FRANCES D. SCHOON

University of Illinois, Counseling, 1991

Clinical Interests: Neuropsychological Assessment, Diagnosis and Treatment Planning, Cognitive Behavioral Psychotherapy, Dementia, and Grief Counseling

Research Interests: Adjustment to Loss, Dementia, Depression, Diabetic Neuropathy, and Quality of Life Issues

Current Population: Ambulatory Care and Hospitalized Veterans whose Adjustment is Compromised by Neurological Disorders, Brain Trauma, Aging, Chronic Medical Problems and Chronic Psychiatric Difficulties

License/Certification: Illinois, Indiana

APA Membership: Yes

DR. THERESA A. VEACH, HSPP (West Lafayette Outpatient Clinic)

Ball State University, Counseling, 2000

Clinical Interests: Posttraumatic Stress Disorder, OIF/OEF Readjustment, Cognitive Screening, Biofeedback, Grief and Loss, Marriage/Couples/Families

Research Interests: Veterans and Posttraumatic Stress, Chronic Pain/ Terminal Illness and the Family

Current Population: Outpatient Veterans

License/Certification: Indiana

Additional: Author of "Cancer and the Family Life Cycle: A Practitioner's Guide;" Radio/television Interviews, Guest Speaking & Community Education, Mentoring

APA Membership: No

DR. DAVID P. WILLIAMS, MSW

University of Georgia, Clinical Social Work, 1975; Indiana State University, Counseling Psychology, 1984

Clinical Interests: Geropsychology, Alzheimer's Disease and Dementing Disorders, Cognitive-Behavioral Psychotherapy, Psychology and Information Science and Legal Competence. While he identifies himself as a geropsychologist who in this setting follows a Psychologists In Long Term Care model, some students have used Dr. Williams' rotation to meet Division 40 Neuropsychology requirements.

Research Interests: Relocation Effects in Dementia, Behavioral Management in Dementia

Current Population: Nursing Home Care Unit, Alzheimer's and Related Disorders Specialty Unit

Non-Clinical Assignment: Clinical Coordinator of Decision Support Services - Management Information System

License/Certification: Illinois

Academic Affiliation: Indiana State University

APA Membership: Yes

APPENDIX B

PSYCHOLOGY CONSULTANTS

DR. MICHELE BOYER

Professor and Chairperson, Department of Communication Disorders and Counseling, School, and Educational Psychology, Indiana State University, Terre Haute, IN

Interests & Expertise: Multi-Cultural Issues in Counseling, Counseling Training & Supervision, Ethics and Regulation in Psychology Practice, Religion and Spirituality in Psychology

Research Interests: Counselor Development, Professional Development, Supervisor Training, Feminist Therapy, Crisis Intervention

DR. LINDA COLLINSWORTH

Assistant Professor of Psychology, Psychology Department, Millikin University

Interests and Expertise: Assessment; Forensic assessment in sex discrimination

Research Interests: Women's victimization; Sexual harassment in the workplace, housing, and education

DR. JAN EGLEN

CEO and President, Digonex Technologies, Indianapolis, IN

Interests & Expertise: Individual Counseling, Professional Issues, Medical Psychology, Neuropsychology, Psychology and the Internet Issues, Behavioral Principles Applied to Business

DR. HOWARD GARTLAND

Staff Psychologist, Mercy Health System, Janesville, Wisconsin

Clinical Interests: Pain Assessment and Management, Emotional Aspects of Acute and Chronic Illness, Mind-Body Expressions of Emotions, Hypnosis, Systems Therapy.

DR. JAMES HANNUM, ABPP

Clinical Professor, Chair and Director of Training, Counseling Psychology Program, Department of Educational Psychology, University of Illinois; and Private Practice, Champaign, IL

Clinical Interests & Expertise: Individual, Marital, and Family Therapy

Research Interests: Attachment, Intimacy, and Social Support Issues in Health and Mental Health Problems; Eating Disorders; Supervision and Training Issues

DR. SUZANNE HARRIS

Private Practice, Savoy, IL

Clinical Interests and Expertise: Individual and Couple Therapy; Clinical Aspects of Health Psychology: Adjustment to Chronic and Terminal Illness, Rehabilitation, Pain and Stress M

DR. JOHN JONES

Private Practice, Champaign, IL

Clinical Interests and Expertise: Individual and Couple Therapy; Long-Term and Time-Limited Psychodynamic Therapy; Analytical (Jungian) Psychotherapy; Integration of Eastern and Western Approaches to Well-Being; Therapeutic Applications of Mindfulness Practices and Other Meditation Approaches; Men's Issues; AOD Concerns and the Treatment of Addictive Behaviors; Grief and Loss; Trauma; EMDR

DR. HOWARD MARCUM

Clinical Psychologist

Clinical Interests & Expertise: Hypnosis, Pain Management, The Rorschach, Social Skills Training, Family Therapy, Contingency Management, Cognitive Behavioral Modification, Geropsychology, Token Economies

Research Interests: Program Evaluation, Competence Based Evaluations of Psychotherapeutic Outcomes, Cognitive Coping Styles

DR. PATRICK PALMIERI

Director, Summa – Kent State Center for the Treatment and Study of Traumatic Stress, Summa Health System, Department of Psychiatry

Interests & Expertise: Anxiety Disorders (especially Posttraumatic Stress Disorder), Psychological Assessment, Cognitive-Behavioral Therapy, Advanced Quantitative Methods for Behavioral Research

DR. BRIDGET ROBERTS-PITTMAN

Indiana State University, Communication Disorders and Counseling, School, and Educational Psychology

Interests and Expertise: Marriage and Family Therapy, Treatment of Substance Abuse Disorders, Assessment and Treatment of Children with Emotional and Behavioral Issues

DR. LISA SPANIERMAN

Associate Professor, University of Illinois, Counseling Psychology

Clinical Interests & Expertise: Multicultural Counseling Competencies, Feminist Therapy, LGB Issues, Career Development

Research Interests & Expertise: White Racial Identity and Attitudes, Psychosocial Costs of Racism to Whites, Multicultural Counseling Competencies

DR. MICHAEL URBAN

Murphy, Urban & Associates Psychological Services, Terre Haute, IN, Clinical Psychology and Consultant to Union Hospital Family Practice Clinic with the Medical Residents

Interests & Expertise: Medical Psychology, Pain Management, Group Psychotherapy and Managed Care in Private Practice Sector, Psychology and Primary Care

APPENDIX C

VETERANS AFFAIRS MEDICAL CENTER

Danville, IL

PSYCHOLOGY SERVICE TRAINING SCHEDULE 2008/2009

(* indicates consultant)

2008 – 2009

Weekly	Grand Rounds - Every Tuesday (Optional)
Monthly	Military Sexual Trauma Teleconference -1 st Thursday of the month (Optional)
	Journal Club - 1 st Friday of the month (Optional)
	OEF – OIF Community of Practice Conference Call -2 nd Friday of the month (Optional)
	Difficult Case Review with Dr. Sari Aronson - 2 nd Friday of the month (Optional)
	Training Staff Meeting - 3 rd Friday of the month (Training Staff only)
	Intern-Training Coordinator Lunch Meeting - 2 nd Thursday of the month
Bimonthly	Mental Health Service Meeting - 4 th Friday of odd months
8/12	Grand Rounds: Movement Disorders Associated with Antipsychotic Drug Therapy – Dr. Thomas Lee (Optional)
8/14	Treating Veterans with C.A.R.E. (Optional)
8/22	Orientation to the Medical Record - Dr. Fran Schoon
8/29	Existential Therapy - Dr. James Hannum*
9/03	Slowing Access to Firearms During High-Risk Treatment Periods: Report from the SAFE Study – Marcia Valenstein, M.D. and Jane Forman, Sc. D. VTEL (Optional)
9/04	MST Teleconference: Addressing MST in a Medical Setting- Susan Frayne, MD, MPH (Optional)
9/05	Clinical Detection of Malingering - Dr. James Mason
	Journal Club (Optional)

9/09	Grand Rounds: Suicide Awareness – Bonnie Ellis, LCSW (Optional)
9/10	Evaluating Suicide Risk in PTSD and other Diagnosis: An Evidence-Based Approach – Phillip Kleespies, Ph.D., ABPP VTEL (Optional)
9/12	Difficult Case Review - Dr. Sari Aronson (Optional)
9/16	Dementias - Dr. Julie Fitzgerald Smith
	Time Challenged: How Did I Get Into the Swamp and How do I Avoid the Alligator? - Luke Yackley, EES (Optional)
9/17, 9/30, 10/22, 10/27	Safety Planning for Suicide Prevention: Satellite Broadcast-(CT) Channel 1 (Optional)
9/18, 9/19, 9/23, 9/24, 9/26	CPRS Version 27 Classes (Optional)
9/19	Best Practices in the Treatment of Substance Abuse - Donna Keagle, M.S. Psychology Technician
9/23	Grand Rounds: Intensive Diabetes Management – Dr. Marshall (Optional)
9/24	Heart Saver Automated External Defibrillator Training Class (Optional)
9/26	Mental Health Service Staff Meeting
	Conducting Compensation and Pension Evaluations - Dr. Michael Courter
10/02	MST Teleconference: MST Screening and MST-Related Treatment Monitoring Jenny Hyun, MPH, Ph.D., Rachel Kimerling, Ph.D. (Optional)
	Recovery is Not Only Possible, It is Happening Every Day, Dr. Larry Davidson via V-Tel (Optional)
10/03	Psychopharmacology: Introduction - Theodore Commons, RPh
	Journal Club (Optional)
10/07	Grand Rounds: Alcohol Treatment – Dr. Khan and Dr. Jeff DeBord (Optional)
10/10	Difficult Case Review - Dr. Sari Aronson (Optional)
10/14	Grand Rounds: Traumatic Brain Injury (TBI) – Dr. Joy (Optional)
10/17	Neuroanatomy, Part I - Dr. Julie Fitzgerald Smith
10/22	Quarterly All Employee Meeting (Optional)

10/24	Neuroanatomy, Part II- Dr. Julie Fitzgerald Smith
10/31	Suicide Assessment: Implications for Treatment - Dr. Howard Gartland*
11/06	MST Teleconference: Systematic Implementation of Protocol Treatments in a Group Format - Diane Castillo, Ph.D. (Optional)
11/07	Psychotherapeutic Intervention in Chronic Illness: Integrating Relaxation and Stress Management Strategies to Enhance the Quality of Life - Dr. Suzanne Harris*
	Journal Club (Optional)
11/14	Difficult Case Review - Dr. Sari Aronson (Optional)
	My Doctor, My Lover - Dr. Howard Marcum*
11/21	Mental Health Service Meeting
	Affirmative Approaches for Working with Lesbian, Gay and Bisexual Clients - Dr. Lisa Spanierman*
12/05	Working with OEF/OIF Veterans - Dr. Amber Cadick
	Journal Club (Optional)
12/02	Grand Rounds: Schizophrenia - Optimizing Patient Medication Adherence for Improved Outcomes – Dr. Philip Janicak (Optional)
12/04	MST Teleconference: Sexuality, Intimate Relationships & Trauma - Mahshid Alishahi (Optional)
12/12	Difficult Case Review - Dr. Sari Aronson (Optional)
	Providing Services to Veterans with Cancer - Dr. Stephanie Holt
12/19	Group Therapy - Dr. Lori Davis*
1/09	Difficult Case Review - Dr. Sari Aronson (Optional)
1/23	Mental Health Service Staff Meeting
	All Employee Town Hall Meeting (Optional)
2/05	MST Teleconference: Functioning and Psychiatric Symptoms of Active Duty Troops Experiencing Multiple Sexual Stressor: Gender Differences? - Maureen Murdoch, MD, MPH (Optional)
2/06	Competence to Consent to Treatment - Dr. David Williams

2/10	Grand Rounds: Patient Safety – Dr. Anil Gopinath (Optional)
2/13	Difficult Case Review - Dr. Sari Aronson (Optional)
2/20	Performance Based Interviewing - Dr. Stephanie Holt
2/27	Use of Hypnosis as an Adjunctive Therapy Technique - Dr. Suzanne Harris*
3/05	MST Teleconference: A Primer on Residential and Inpatient Care for Conditions Related to MST: Spotlight on the Center for Sexual Trauma Services @ Bay Pines VAHCS - Carol O’Brian, Ph.D. (Optional)
3/06	After You Graduate: Profession and Business Issues You Should Consider - Dr. James Hannum*
3/10	Grand Rounds: Applying Mental Health Recovery Principles to Everyday Practice – Jessica Brown, LCSW (Optional)
3/11	Town Hall Meeting: Michael Finegan, Network Director, VISN 11
3/13	OEF – OIF Community of Practice Conference Call - Managing the Pain of War: Integrating Pain Management Strategies in Post – Combat Care (Optional)
	Difficult Case Review - Dr. Sari Aronson (Optional)
	This is Not Your Parents’ MMPI: Recent Developments in the MMPI-2 - Dr. Linda Collinsworth*
3/18	Fraud and Integrity Awareness Training (Optional)
3/20	Mental Health Service Staff Meeting
	Pain Management - Dr. Suzanne Harris*
3/27	Vet to Vet Program – Moe Armstrong (Optional)
	CABG: Neuropsychological Functioning Following CABG and Carotid Endarterectomy – Dr. Julie Fitzgerald Smith
4/02	MST Teleconference: Not All Deployment Stressors are Combat Related: Military Sexual Trauma Among OEF/OIF Veterans - Dr. Amy Street (Optional)
4/03	Ethical Decision-Making Principles and Tips for Avoiding Malpractice - Dr. Judith Juhala
4/10	Rational Emotive Therapy - Dr. Jeff DeBord
	OEF/OIF Community of Practice Call: Is it TBI or PTSD? (Optional)
	Difficult Case Review - Dr. Sari Aronson (Optional)

4/14	Palliative Care Update – Dr. Craig Elliott (Optional)
4/17	Neuroimaging - Dr. Julie Fitzgerald Smith
4/21	PTSD Live Meeting Series Conference: Pharmacologic Management of Cognitive Problems after TBI: Medication Choices and Treatment Recommendations for Combat Veterans - Bruce Capehart, MD, MBA (Optional)
4/22	Town Hall Meeting: Michael Hamilton, Director (Optional)
	Nutrition & Healthy Eating Overview: “Tip the Balance” (Optional)
4/24	Psychodynamic Diagnostic Manual - Holly Schneider, Psychology Intern
4/28	Grand Rounds: Coaching Patients for Effective Self Management – Anthony Barkley, Patient Education (Optional)
5/01	Men Issues and Working with Men in Therapy - Dr. John Jones*
5/05	Grand Rounds: Medication Update – Dr. Andrea Ohldin (Optional)
5/07	MST Teleconference: Eating Disorders and Sexual Trauma: Co morbidity and Treatment Considerations - Amanda Grossenbacher, Psy. D. and Kristen Miller Keune, Ph. D. (Optional)
5/08	OEF/OIF Community of Practice Call: How Are Our Programs Doing? (Optional)
	Difficult Case Review - Dr. Sari Aronson (Optional)
	Metabolic Syndrome and Psychosocial Factors - Maureen Tweedy, Psychology Intern
5/15	PTSD: Obstacles to Recovery and How to Overcome Them - Dr. Theresa Veach
5/17	Grand Rounds: Menopause – Dr. Puttaswamy (Optional)
5/22	Mental Health Service Staff Meeting
	Mental Health: Laws and Ethics - Dr. Howard Gartland*
5/28	Behavior Change for Health
5/29	Movement Disorders - Lynn Henderson, M.P.A., Psychology Intern
6/04	MST Teleconference: Implementing Cognitive Processing Therapy in Residential PTSD Treatment Programs for Men and Women – Kate Chard, Ph. D. (Optional)
6/05	Grief and Bereavement Therapy - Dr. Fran Schoon

6/12	OEF/OIF Community of Practice Call: Getting the Job Done at the CBOC (Optional)
	Difficult Case Review - Dr. Sari Aronson (Optional)
	Psychodynamic Dimensions of Personality and Implications for Treatment - Dr. James Hannum*
6/19	Seizure Disorders - Dr. Julie Fitzgerald Smith
6/25	Physical Activity & Exercise Overview (Optional)
6/26	Licensure Preparation - Dr. Amber Cadick
7/02	MST Teleconference: Using the MST Support Team's Screening and Treatment Data to Improve Your Facility' MST Programming (Optional)
07/10	OEF/OIF Community of Practice Call: The Ultimate Loss - Preventing Suicide (Optional)
	Difficult Case Review - Dr. Sari Aronson (Optional)
	Psychopharmacology, Part II - Dr. Rezwan Khan
7/17	WAIS-IV - Dr. Julie Fitzgerald Smith
7/23	Nutrition & Healthy Eating Overview (continued): "What's in Your Food" (Optional)
7/24	Mental Health Service Staff Meeting
	Treatment of PTSD - Dr. Patrick Palmieri*

APPENDIX D

PROGRAMS OF INTERNS 1980 - PRESENT

Programs Interns

Adler School of Professional Psychology, Clinical
Auburn University, Clinical
Ball State University, Counseling
California School of Professional Psychology, Clinical
Central Michigan University, Clinical
Chicago School of Professional Psychology, Clinical
Finch University of Health Sciences/The Chicago
Medical School, Clinical
Florida Institute of Technology, Clinical
Illinois Institute of Technology, Clinical
Illinois School of Professional Psychology, Clinical
Indiana State University, Clinical
Indiana State University, Counseling
Indiana University, Counseling
Indiana University of Pennsylvania, Clinical
Northwestern University, Counseling
Ohio University, Clinical
Pacific Graduate School of Psychology, Clinical
Purdue University, Clinical
Purdue University, Counseling
Roosevelt University, Clinical
Southern Illinois University, Counseling
Spalding University, Clinical

Texas Woman's University, Counseling
 The Wright Institute, Clinical
 University of Akron, Counseling
 University of Arkansas, Clinical
 University of Illinois, Clinical
 University of Illinois, Counseling
 University of Maryland, Counseling
 University of Missouri at Columbia, Clinical
 University of North Carolina at Greensboro,
 Clinical
 University of North Dakota, Counseling
 University of North Texas
 University of Southern Mississippi, Clinical
 Western Michigan University, Clinical
 Wheaton College Graduate School, Clinical

**PRIMARY SETTING OF FORMER INTERNS' FIRST
 JOBS/POSTDOCTORAL FELLOWSHIPS
 1990 - Present**

VAMC.	12
Academic/Counseling Center.11
Community Mental Health Center.	7
State Hospital.	1
Private Practice/Groups/Hospitals25
Forensic Setting.	3